## **Master Electronic Filing Certification**

Operator Na	ıme, exa	ctly as shown on P-5 Organization Report:	Operator P-5 Number:
Operator Ad	ldress, ex	xactly as shown on P-5 Organization Report,	including city, state, and zip code:
Authorized A	Agent's l	Mailing Address (including city, state, and zip	o code), if different from Operator Address:
The Operator publication I set out in ful	ppear on or and an EIA001, II. The O	by authorized agent shall comply with all proventitled <i>Filing Oil and Gas Reports Using Ele</i> Dependent and its authorized agent also shall contains the shall contain	Commission of Texas, as if actually so appearing
DATE SIGNED: BY:		Month, Day, Year	
		Signature of Authorized Agent	
		Name of Authorized Agent (type or print)	
		Title of Authorized Agent	
		Telephone Number of Authorized Agent	
		RRC Use Only	'
Approved by:			Date:
	Oil ar	Oil and Gas Division Representative	